

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005371**

1. Corporation Name

IGLESIA EVANGELICA PENTECOSTAL APOSENTO ALTO, IN C.

Principal Place of Business

Mailing Address

8480 S.W. 154 CIRCLE, UNIT 914
MIAMI FL 33193

8480 S.W. 154 CIRCLE, UNIT 914
MIAMI FL 33193



REINSTATEMENT

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0341385

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors):

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HERNANDEZ, GEORGE A	8480 S.W. 154 CIRCLE, UNIT 914	MIAMI FL 33193
VD	COLON, CAMILA	154-30 SW 81 CIRCLE LN #88	MIAMI FL 33193
STD	CHICAS, REINA E	8480 S.W. 154 CIRCLE, UNIT 914	MIAMI FL 33193

200004679752--6
-11/15/01--01004--014
****236.25 ****236.25
LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

Name *George A. Hernandez*
Street Address (P.O. Box Number is Not Acceptable)
8480 Sw. 154 circle Ct.
Suite, Apt. #, Etc. *914*
City *miami* State **FL** Zip Code **33193**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

Date *10-22-01*

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Date *10-22-01*

Daytime Phone # *305-388-1459*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E04 (8/01)